

IEP 1 ELIGIBILITY INSTRUCTIONS**STUDENT/PROGRAM DATA PAGE:**

The top two sections can be filled out prior to the IEP meeting.

Up to six **ETHNICITY CODES** can be noted for the student. Make sure to use the 3-digit code as noted below:

100 Native American,	206 Laotian	304 Tahitian
201 Chinese	207 Cambodian	399 Other Pacific Islander
202 Japanese	299 Other Asian	400 Filipino
203 Korean	301 Hawaiian	500 Hispanic
204 Vietnamese	302 Guamanian	600 African-American
205 Asian Indian	303 Samoan	700 White

SCHOOL TYPE: Use appropriate 2-digit code for school type.

00 No school	25 alternative education	63 state preschool
10 public day school (mainstream)	30 juvenile court school	64 private preschool
11 Public residential school	31 community school	65 extended day care
15 special education center	32 correctional facility	70 nonpublic day school
19 other public school or facility	40 home instruction	71 nonpublic residential school CA
20 continuation school	45 hospital facility	72 nonpublic residential school – outside CA
21 education clinic	50 community college	75 private day school (not certified)
22 alternative work education center	51 adult education program	76 private residential school (not certified)
23 work-study program	55 charter school (operated by an LEA/district)	80 parochial school
24 independent study	56 charter school (operated as an LEA/district)	
	61 Headstart program	

PRESCHOOL SETTING:

10 early childhood setting	40 part-time early childhood/part-time early childhood special education	60 separate school
20 early childhood special education setting	50 residential facility	70 itinerant service outside of home
30 home		80 reverse mainstreaming

OTHER INFORMATION: Check all boxes as appropriate.

ELIGIBILITY:

CIRCLE the student's **PRIMARY DISABILITY** and **check others as appropriate**. The Established Medical Disability category only applies to infants and preschoolers ages 0 to 5).

The corresponding codes are noted on the front page by each disability. The disabilities are:

010 MR Mental Retardation	070 OI Orthopedic Impairment	120 AUT Autism
020 HH Hard of Hearing	080 OHI Other Health Impairment	130 TBI Traumatic Brain Injury
030 Deaf	090 SLD Specific Learning Disability	081 Established Medical Disability (0-5 Only)
040 SLI Speech/Language Impairment	100 DB Deaf/Blind	
050 VI Visual Impairment	110 MD Multiple Disabilities	
060 ED Emotional Disturbance		

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Address the student's strengths, preferences, interests, and concerns of the parent(s). Note pre-academic/academic/functional skills level.

Record the results of the most recent CAT-6 California Content Standards Test. If applicable include CAHSEE results and CAPA results.

Note present levels of performance on district wide and individual assessment. Include present levels of performance in all noted areas. If appropriate team could note no concerns in a particular area because student is functioning at appropriate level.

Identify all areas of need at the bottom of the page. Goals and objectives must be written for all identified areas of need. The goals and objectives should be written with the emphasis on educational benefit.

IEP 1A TRANSITION SERVICES

Enter projected graduation date from high school or secondary completion date (for those students who will be in special education through age 21.)

STUDENT'S POST SCHOOL PREFERENCES/INTERESTS/GOALS:

Discuss and note student's preferences, interests and post-secondary goals.

DESCRIBE HOW THE STUDENT PARTICIPATED IN THE PROCESS:

Describe how the student participated in the process. The student must be invited to the IEP when discussing transition. If, for some reason the student was not able to attend indicate how the student's preferences, interests and goals were developed. (e.g. surveys, interview, interest, etc.)

BEGINNING AT AGE 14 OR YOUNGER:

At the IEP closest to the student's 14th birthday, the IEP team should describe transition service needs of the student based on his or her interests and need for development of prevocational skills. The IEP team could recommend specific courses at the high school level, such as "word-processing," "automotive," "food trades", advanced placement, etc.

BEGINNING AT 16, OR YOUNGER IF APPROPRIATE:

Beginning at age 16, the full Individualized Transition Plan (ITP) must be developed that promotes movement from school to post-secondary activities. Include a Statement of Needed Transition Services to Achieve Goals.

INSTRUCTIONAL: Could include money management, computer classes etc.

RELATED SERVICES: Could include any of the designated instructional services. Check appropriate box. Related services would be listed on IEP #4.

COMMUNITY EXPERIENCE: Could include banking, shopping, public transportation, etc.

EMPLOYMENT: Could be services that lead to a job or a career and may include community-based work experiences, job site training programs, and/or other job preparation activities.

POST SCHOOL ADULT LIVING: Could include registering to vote, filing taxes, renting an apartment, accessing medical insurance, etc.

DAILY LIVING SKILLS: Could include preparing meals, budgeting, maintaining a home, paying bills, caring for clothes, grooming, etc.

NEED LINKAGES TO OUTSIDE AGENCIES/PROVIDERS: Could include regional center, department of rehabilitation, Job Training Partnership Act, etc. Also coordinated set of activities could include student to call the Career Center, complete packet for Regional Center to identify adult programs etc.

FUNCTIONAL VOCATIONAL EVALUATION: If appropriate include results of vocational evaluation.

In all areas above check the box if the area is addressed in the goals. Note the person/agency responsible, the timeline for completion and the exact complete date (dd/mm/yy).

IEP 2 SPECIAL FACTORS & PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENTS

DOES THE STUDENT REQUIRE ASSISTIVE TECHNOLOGY?

Consider if the student requires assistive technology devices and services or low incidence services, equipment and materials. If yes, specify the devices or services.

IS THE STUDENT BLIND OR VISUALLY IMPAIRED?

If the student is blind or has a visual impairment the team must address if the student will receive instruction in Braille. If the IEP team determines instruction in Braille is not appropriate; the team must provide rationale.

IS THE STUDENT DEAF OR HARD OF HEARING?

If the student is Deaf or Hard of Hearing, his or her need for specialized instruction (i.e., "Total Communication," "ASL") should be addressed.

DOES THE STUDENT'S BEHAVIOR IMPEDE THE LEARNING OF OTHERS?

Strategies to address the behavior could include activities such as specifying the classroom management system or developing a behavior contract for the student, which addresses positive behavior intervention strategies. Goals and objectives should be included to identify positive alternative behaviors to be developed. If the student requires a Behavior Support Plan check BSP. If the behavior is more severe, including behavior, which is dangerous to the child or others, check the Behavior Intervention Plan (BIP) box.

IS THE STUDENT AN ENGLISH LEARNER?

Consider the language needs of the student as an English Learner.

TRANSITION: Describe activities to support transition from preschool to K, special education to general education, etc.

PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENTS (STAR):

Check Full Participation if the student will be taking the CAT-6 and California Content Standards Test under the same conditions as non-disabled peers. Check Partial Participation if only certain subtests are appropriate, based on the student's disability. Include rationale. Also indicate whether the student will participate with Accommodations or without /Accommodations. Specify which accommodations or modification will be provided. (Note: accommodations do not fundamentally alter the test and modifications fundamentally alter what the test measures). If it is inappropriate for the student to participate in any of the standardized state assessments, check CAPA and indicate why the CAT-6 and/or other state assessments are inappropriate (Example: "The student is participating in a functional skills curriculum.") If the student is below grade 2 or above grade 11 check the grade exempt box.

CAHSEE:

If the student is in Grade 10 or higher and has not passed the High School Exit Exam, indicate whether the student will take the exam in the standard format or with accommodations. Do not mark any box for CAHSEE for students who are younger than Grade 10, who have already passed the CAHSEE, or for whom the CAHSEE is not appropriate since they are participating in a functional skill curriculum.

BEGINNING NO LATER THAN GRADE 9:

Indicate that the parents and student have been informed that student must pass the CASHEE to receive a high school diploma. Check if the student will not be working towards a diploma or if they are not high school age.

PROMOTION/GRADUATION STANDARDS:

Check the appropriate boxes to address this area. Also indicate any modification or accommodations that are needed on other assessments.

IEP 3 ANNUAL GOALS AND OBJECTIVES:

PARENT WILL BE INFORMED AT THE SAME FREQUENCY AS STUDENTS WITHOUT DISABILITIES: Check the appropriate box to indicate how often this will occur. The schedule for how Parents will be informed of progress on IEP goals and objectives should coincide with the regular report card grading periods.

HOW PROGRESS WILL BE REPORTED: Check the appropriate box to indicate how this will occur. The team should determine how this would be accomplished.

MEASURABLE ANNUAL GOAL:

The IEP should be directed towards assisting the child to access and progress in the general education curriculum. Therefore goals should be aligned to the content standards. Goals and objectives should also address other educational needs resulting from the disability, such as behavior, motor development, self-help skills, etc. The annual goals must be written in measurable terms. Goals may be measured by progress toward grade level competencies, specific skill attainment, or other quantifiable standards.

AREA OF NEED: Specify the area of need (e.g. reading, math etc.)

BASELINE: Document baseline under the area of need.

ENABLES THE STUDENT TO BE INVOLVED/PROGRESS IN THE GENERAL CURRICULUM/STATE STANDARDS AND/ OR ADDRESSES OTHER EDUCATION NEEDS RESULTING FROM THE DISABILITY: Check the appropriate box to indicate if the goal enables the student to be involved/progress in the general curriculum/State standards and/ or addresses other education needs resulting from the disability.

LINGUISTICALLY APPROPRIATE GOALS: Check the box that indicates linguistically appropriate goals. If the student is an English language learner the goals must be linguistically appropriate.

SHORT- TERM OBJECTIVE(S): Short-term objectives must be measurable and related to the annual goal. Note the BASELINE for each objective and indicate the PERSON(S) RESPONSIBLE (e.g. speech/language specialist, special education specialist, etc.)

COMMENTS: In this section note how the progress will be measured.

PROGRESS REPORT: There are four progress reporting sections. Note the exact date of the report. This should correspond to the general education reporting periods. Parents must be given a copy of the progress reports. Check appropriate box to indicate if progress was sufficient to meet goal.

IEP 4 SERVICES**HOW DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERAL CURRICULUM:**

Describe how the disability affects the student's involvement and progress in the general curriculum (e.g. auditory memory and expression deficits negatively impact student's ability to access core curriculum.)

POTENTIAL HARMFUL EFFECTS:

Team must consider potential harmful effects when selecting LRE. Check the box that this has been done. (e.g. Did the team consider if environment was safe for student?)

SERVICE OPTIONS CONSIDERED:

Make sure to start with general education when considering options. Document all options considered.

SUPPLEMENTARY AIDS AND SERVICES:**PROGRAM ACCOMMODATIONS:**

Note all program accommodations. Indicate the personnel responsible, the exact initiation date, frequency and location where these accommodations will occur.

PROGRAM MODIFICATIONS:

Note all program modifications. Indicate the personnel responsible, the exact initiation date, frequency and location where these accommodations will occur.

SUPPORTS FOR SCHOOL PERSONNEL:

(Example: Consultation to the classroom teacher by Inclusion Specialist one time per semester). Indicate the personnel responsible, the exact initiation date, frequency and location where these accommodations will occur.

SERVICES: Note all services (e.g. SDC, RSP, speech/language etc.) indicate the personnel responsible, the exact initiation date, frequency and location where these services will occur.

ESY is appropriate for students who are likely to continue in special ed. indefinitely or for a prolonged period. Interruption of their educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that they will attain the level of self-sufficiency and independence that would otherwise be expected in view of their disability.

RATIONALE FOR NOT PARTICIPATING IN GENERAL EDUCATION ENVIRONMENT:

Give a description of the times and reasons the student is outside general ed. classroom.

PERCENTAGE OF TIME STUDENT WILL NOT PARTICIPATE IN GENERAL EDUCATION CLASSES AND ACTIVITIES:

Record the percentage of time student is outside the general classroom for special education instruction or services. In calculating this percentage, consider the full day the student is at school, including lunch, recess, and passing periods, etc.

WILL SPECIAL EDUCATION SERVICES BE PROVIDED AT STUDENT'S SCHOOL OF RESIDENCE?

Check YES or NO. If NO, include rationale.

TRANSPORTATION:

Specify if transportation will be provided, if special ed. transportation describe (e.g. door to door.)

PHYSICAL EDUCATION:

Specify the type of physical education.

IEP 5 SIGNATURE AND PARENT CONSENT

PARTICIPANT SIGNATURES:

Have all participants' sign and date that they were in attendance.

PARENT CONSENT:

I PARTICIPATED IN THE DEVELOPMENT OF THE IEP:

Have the parents' initial.

IF THIS IS AN INITIAL/TRIENNIAL IEP, I HAVE RECEIVED AND REVIEWED THE EVALUATION REPORT:

Have the parents' initial.

I AGREE TO ALL PARTS OF THE IEP OR -----I AGREE WITH THE IEP, WITH THE EXCEPTION OF:

Have the parents' initial:

I HAVE RECEIVED AND HAVE BEEN GIVEN AN OPPORTUNITY FOR A FULL EXPLANATION OF THE PROCEDURAL SAFEGUARDS:

It is critical that someone reviews the notice of procedural safeguards with the parents before they initial this section. This could be done prior to the IEP meeting.

AGE OF MAJORITY:

On or before the student's 17th the team must advise the parents and the student that the rights transfer from them to the student. Have the parents/students initial. Date and document who advised them of the transfer of rights.

ATTENDED THE MEETING:

Check the appropriate box(es) for who attended the meeting.

PARENT SIGNATURE:

Have the parent sign and date that they were in attendance.

STUDENT REQUESTED A COPY OF IEP IN PRIMARY LANGUAGE:

Check yes or no if the student requested a copy of the IEP in his/her primary language. If yes, specify the language.

STUDENT ENROLLED IN PRIVATE SCHOOL BY THEIR PARENTS:

If student is enrolled in a private school by their parents and the district plans to offer an Individual Service Plan check this box.

IEP 6 TEAM MEETING CONTINUATION PAGE:

This page is for any additional information or minutes that would not fit on the previous pages.

IEP 7 TEAM MEETING ADDENDUM PAGE:

This page serves as an addendum to be used for minor adjustments to an existing IEP. Note if it is an addendum and document exact date of the IEP that it is amending.

PURPOSE OF MEETING:

State the purpose of the meeting (e.g. adding additional minutes for speech/language therapy.)

I AGREE TO THE CONTENTS OF THE ADDENDUM TO THE IEP DATED:

Parent needs to initial that they are in agreement with the addendum. Include the date of the IEP that is being amended.

I HAVE BEEN GIVEN AN OPPORTUNITY FOR A FULL EXPLANATION OF THE PROCEDURAL SAFEGUARDS:

Parent needs to initial that they were given a full explanation of the Procedural Safeguards.

PARTICIPANTS' SIGNATURES:

Have all participants' sign and date.

PARENT REQUESTED A COPY OF IEP IN PRIMARY LANGUAGE:

Check Yes or No if the student requested a copy of the IEP in his/her primary language. If yes, specify the language.